

1101 Oberlin Road Suite 104 • PO Box 12827 • Raleigh NC 27605
Phone 919-733-4222 • Fax 919-733-4209 • Web www.nccpaboard.gov

All certificate holders and CPA firms shall notify the Board in writing within 30 days of any change of address or business location [21 NCAC 08J .0107].*

_____ Exam Candidate

Last Name	First Name	Middle	Jr./Sr./III
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Street	City	State	Zip
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HOME E-MAIL ADDRESS

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Area Code Area Code

Street	City	State	Zip
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BUSINESS E-MAIL ADDRESS

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Area Code Area Code

SEND MAIL TO: _____ Home Address _____ Business Address

NOTE: The address to which the Board sends mail is also the address that will be displayed on the Board's web site. If you do not wish for your home address and telephone number to be displayed on the Board's web site, you must select your business address as the address to which the Board sends mail.

Under penalties of perjury, I affirm that the above information is true, accurate, and complete.

Signature _____ Date _____

*Address changes may be mailed or faxed to the Board. If you wish to e-mail an address change, your message must include all information requested on this form.

E-Mail changes to:
vanessiaw@nccpaboard.gov